U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	7 00,50/
	For Official date Only
	( Jan 1 )
E	DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- X/ Y 7	2. FISCAI TEAL COVERED FTOIL.		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Keith W Brand	Name IBEW, Local Union 995		
	Labor Organization File Number 006-937		
	BOD BUILD AND AND AND AND AND AND AND AND AND AN		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 8838 Briarwood Place	Street 8181 Tom Drive		
City Baton Rouge,	City Baton Rouge		
State Louisiana ZIP Code + 4 70809	State Louisiana ZIP Code + 4 70815		
5. Position in labor organization. Treasurer			
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Eli Codo			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Kuck W. Brand			
Signed / Will Wi / Track	On 3/31/2006 225-927-6462		

Telephone Number

Date

Name of Person Filing Keith Brand	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Baton Rouge Area Electrical JATC	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 13456 Jefferson Highway			
City Baton Rouge,			
State Louisiana ZIP Code + 4 70817			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Union is co-sponsor of Trust Fund		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$134,808		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Salaried Full Time Training Director \$44,096.00  NETDA Membership Dues - 35.00  ATAAL Membership Dues - 50.00  National Training Institute - 1,182.63  Southern States App. Conference - 1,142.64		
	12.b. Amount. \$46,506		
Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money.)	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Keith Brand	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including	ng trade name, if any).	9. Business deals with:	
Name Baton Rouge Area Electric Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 13456 Jefferson Highway  City Baton Rouge,	ical JATC	a. Labor Organization b. Trust c. Employer	
State Louisiana	ZIP Code + 4 70817		
10, If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing. Union is co-sponsor of Trust Fund	
Name		official and the consponsor of trust rain	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$134,808
		12.a. Nature of interest held or income received.	
		Pension Benefits - Health and Welfare -	4409.60 8216.00
		12.b. Amount.	\$12,626

Name of Person Filing Keith Brand	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

		***************************************
8. Name and address of Business	(including trade name, if any).	9. Business deals with:
Name		a. Labor Organization
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		b. Trust
Street		c. Employer
City		
State	ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Bex, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.
		12.a. Nature of interest held or income received.
		12.b. Amount.